



DEPARTMENT OF PUBLIC SOCIAL SERVICES

WELFARE FRAUD PREVENTION & INVESTIGATIONS SECTION

Number
03-15

Date:
07/11/03

Administrative Memorandum

SUBJECT: REVISED WFP&I 362 – LETTER TO POSTMASTER REQUESTING THE ADDRESS OF PARTICIPANT

REFERENCE:

CANCELS:

FILE IN:

I. PURPOSE

This Administrative Memorandum releases a revised WFP&I 362, Letter to Postmaster Requesting the Address of a Participant form. This form is used to request the address of a participant who has requested the Postal Service forward mail to a new address or for a participant who has mail delivered to a Post Office Box.

II. POLICY

This revised WFP&I 362 permanently cancels and replaces the previously released WFP&I 362. The WFP&I 362 was revised at the request of the U. S. Postal Service and contains language certifying that the information is required for the performance of this agency's official duties. The form is to be used only for the investigation of welfare fraud. The form follows the Postal Services requirements and must **not be altered**. This revised form is to be used immediately. The form will be available on the LEADER server.

Please direct any questions regarding this form to your immediate supervisor.

A handwritten signature in cursive script, appearing to read "Luther Evans", is written over a horizontal line.

Luther Evans, Director
Welfare Fraud Prevention & Investigations Section

LE:MH:JR:jr

Attachment

c: Deputy Directors



**COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC SOCIAL SERVICES**

WELFARE FRAUD PREVENTION & INVESTIGATIONS SECTION
12000 S. Hawthorne Blvd.
Hawthorne, California 90250

: Postmaster

Date: _____

CASE NUMBER: _____

Address Information Request

Please furnish this agency with the new address, if available, for the following individual or verify whether the address given below is one at which mail for this individual is currently being delivered. If the following address is a post office box, please furnish the street address as recorded on the box holder's application form.

Please do not give this form to the boxholder.

Name: _____

Last Known Address: _____

certify that the address information for this individual is required for the performance of this agency's official duties.

Signature of Agency Official

Title

FOR POST OFFICE USE ONLY

- () MAIL IS DELIVERED TO ADDRESS GIVEN
() NOT KNOWN AT ADDRESS GIVEN
() MOVED, LEFT NO FORWARDING ADDRESS
() OTHER (SPECIFY): _____

New Address

BOXHOLDER'S STREET ADDRESS

AGENCY RETURN ADDRESS

POSTMARK / DATE STAMP